NATIONAL Assessment Ce		45CY FOP 1 A HI		
Date In: 7/6/19-15:49	Jcb description	Date & Time Completed	Done	py.
Ref No: Na INCIA alouts 124	SAS e-filing			
Veh No: Step 175C	E-mail (within Shrs, AIC 2hrs)			4
D.O.A : 6/6/19	i-Motor Claim Form	M 1048027001	7) of m 16.	at
OD TP Reporting Only	i-Motor W/O (Within: OD 2	hes, TP 4hrs)		
OD . IF Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
IF Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			ax:	
TP Particulars: Veh No: (HORTUFOE . INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
11 00 1 1) Warranty: YES ()/NO()		9/12816
Excess: (\$) Loading:	\$1,000()/\$2,000()		THE PARTY OF THE P	A Packet
General Remarks:	APTONE STOCKE ADEA ACTOR AND ACTOR AND ACTOR	CONTRACTOR CONTRACTOR	ARE COLUMN	
CONTROL TO FIRE CONTROL SPACE SPACE CONTROL SPACE SPAC		Date Control of the C	Service Services	18 18
() Walk-In Customer : Customer's		Strictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.	was a	1	19451100
Drive-In ()/Towed-In (); Inv	voice: YES() / NO();	Towing Co: ()
Remarks: (INC hotline: 6788 661			74:58384°°C	CV.
	A1.9	Date & Tirris Completed	Done	by
1) Apply for Transport Allowance ()/Courtesy Car ()	Date&Time Completed	Service)	by
Apply for Transport Allowance (QC Check / Post Repair Inspection)/Courtesy Car ()	Date&Time Completed	(Second)	by
)/Courtesy Car ()	Date&Time Completed	Done	by
Apply for Transport Allowance (QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost)/Courtesy Car ()	Date&Time Completed	Done	ру
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:)/Courtesy Car ()	Date&Time Completed	Done	БУ
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

THE REPORT OF THE PARTY OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	07/06/2019 15:49
Date Of Accident	06/06/2019 22:25
Exact Location Of Accident	CTE (SLE) BEFORE JALAN BAHAGIA EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD175C
Insured/Policyholder	
Name Of Registered Owner	TAN KIM PHAI
NRIC No	S1442262E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92724040
Alternative Phone No	OFFICE-92724040
Vehicle Particulars	
Manufacturer	BMW
Model	740LI AT SR HID DSC NAV HUD INT A/STR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	Manual Committee of the
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092591695-01
Cover Note Number	
Driver	
Name of Driver	LIM CHANG EE
NRIC No	S1452988H
Date Of Birth	28/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97554040
Fax Number	
Contact Number	OFFICE-97554040

NOEMAIL

Address 175 SUNBIRD ROAD

Postcode 487216

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF5080E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM CHANG EE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHEST & BODY

SKD175C

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

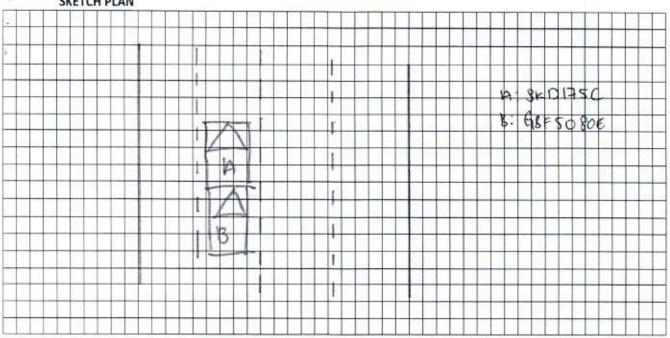
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies
 of the report being made available aforesaid.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations the accident and/or my claims;
 - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/mail packages); and/or
 - (V) Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



	*	
- b	was travelling along CTE towards SLE before jalan ahagia exit on the third lane. The traffic was congested. The front car stopped due to the traffic and stopped at a safe distance, suddenly I felt an impact rom the rear portion of my vehicle.	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	Mark Chine
06-06-2019	(DD/MM/YY)
10:26pm.	(HH:MM)
CTE towards SLE before Johan Barryla Exit.	
	10:26pm.

	DETAILS OF VEHICLE
Vehicle registration number	SKO 175C
Vehicle make and model	BUIN 740Li
Type of vehicle	Saloon MPV CRV Van CRV O Van O
Vehicle category	Private Z Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

MATERIAL PROPERTY	INSURANCE IN	FORMATION	SHOW SHE THE
Insurance company	NTUI.		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only □

	INSURED / POLICY HOLDER		The Profession
Name	THA KIM PHOI	Male 🗆	Female g
NRIC / Fin / Passport number	S1442262E		
Contact	92724040		
Address	175 SUNBIND POHD Suggere 487216.		

DRIVER	SAME AS INSURED ABOVE (SKIP TO	D.O.B)	mydrada fil
Name	LAM CHANG EE	Male 🗆	Female
NRIC / Fin / Passport number	S14529884		
Contact	9755 4040		
Address	175 SUNBIRD ROMO S(487216)		
Email address			
Date of birth	28-10-1960		
Occupation	Indoor Outdoor		
Driving date pass	25-04-2611.		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No 2
the insured's company?	If no, relationship of the driver and insured: Spouse
Accident captured by camera?	Yes D No Z
Weather condition	Clear Raining Others:
Road surface	Dry □ Wet Ø
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	LIM CHANG EE
Gender	Male gr Female
是是出版的。 1	PASSENGER 2
Name	
Gender	Male Female
	PASSENGER 3
Name	
Gender	Male Female
经统制的协议。由中国的社会公司	PASSENGER 4
Name	
Gender	Male Female
BASIC SESSION OF SESSI	PASSENGER 5
Name	
Gender	Male Female
STATE OF STA	PASSENGER 6
Name	
Gender	Male Female
到了自然是多数,企业会现在	OTHER INFORMATION
Was anybody injured?	Yes 🗷 No 🗆
Was other vehicle damaged?	Yes No 🗆
编纂和例识以为外别之合并的文章	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
機能用電視性學院工作學的表現	WITNESS 1
Name	
Market Market Street,	WITNESS 2
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	GBF 5080E
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

国 (THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

是是自然是因其不可以完全	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

AND THE STATE OF T	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

基础的基础的	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	See Heavy tea 1999 - See See See See See See See See See S
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6						
Vehicle registration number						
Vehicle make model						
Name						
NRIC / Fin / Passport number						
Contact						

THIRD PARTY VEHICLE 7						
Vehicle registration number						
Vehicle make model						
Name						
NRIC / Fin / Passport number						
Contact						

INJURED PERSON 1					
Name	FIM CHMNH EE				
Injuries sustained	CHEST and looky pain				
Which vehicle person in?	Sko 175C				
Were seat belts worn?	Yes No 🗆				
Was injured conveyed to hospital by ambulance?	Yes D No				

	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No

INJURED PERSON 3						
Name						
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes No					
Was injured conveyed to hospital by ambulance?	Yes No					

INJURED PERSON 4						
Name						
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes D No D					
Was injured conveyed to hospital by ambulance?	Yes No					

INJURED PERSON 5						
Name						
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆				

INJURED PERSON 6						
Name						
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆				











NP 428A





Constitute of the State of the



Certificate of Insurance

MOTOR VEHICLES	(THIRD PARTY	RISKS AND	COMPENSATION)	ACT (CHAPTER 18	9)
MOTOR VEHICLES	(THIRD PARTY	RISKS AND	COMPENSATION)	RULES, 1960	
ROAD TRANSPORT	ACT, 1987 (M	ALAYSIA)		and and the same	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5092591695-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKD175C

Chassis Number

2. Name of Policyholder

: WBAKB42020CY83859

: TAN KIM PHAI

3. Effective Date of Insurance

: 11 Aug 2018

4. Expiry Date of Insurance

: 10 Aug 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: \$\$600

EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** PRIMARY DRIVER

NAMED DRIVER (1)

EXCESS (SECTION 1)

: TAN KIM PHAI : LIM CHANG EE

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: TOKYO CENTURY LEASING (S) PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: VIDEAN TRADING (00000614535)

Date of Issue

: 06 Jul 2018 10:34 hrs

Reprint

: 06 Jul 2018 10:35 hrs

Countersigned By:

Authorised Officer

Chief Executive

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

									GeneralClaim		
501						• Change	Language	• Chan	ge Password	• Log Ou	
Polic	cy Query									Control Control	
Policy N	lo.				Date o	of Accident	0	6/06/2019	22:25		
Vehicle	Na.(For Motor)	SKD17	5C		Certifi	cate Number					
				1	Search						
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date	
0	5092591695- 01		TAN KIM PHAI	S1442262E	GPC	drivo CLASSIC	SKD175C		11/08/2018	10/08/2019	
	Policy N Vehicle Select	Policy Query Policy No. Vehicle Na.(For Motor) Select Policy No. 5092591695-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number 5092591695	Policy Query Policy No. Vehicle Na.(For Motor) Select Policy No. Certificate Number Name 5092591695-	Policy Query Policy No. Vehicle Na.(For Motor) SKD175C Select Policy No. Certificate Number Name NRIC 5092591695-	Policy Query Policy No. Vehicle No.(For Motor) SKD175C Certificate Number Name Name NRIC Product Product Name NRIC	Policy Query Policy No. Vehicle No. (For Motor) SKD175C Date of Accident Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type 5092591695- TAN KIM PNAIL S14622625 CRC drivo	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) SKD175C Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type No. S092591695- TANKIM PHAI S14627625 GPC drive SYD175C	Policy Query Policy No. Date of Accident 06/06/2019 : Vehicle No. (For Motor) SKD17SC Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured No. Object S092591695- TANKIM PHAIL S14427635 GPC drive SYD1755 CYD1755	Policy Query Policy No. Date of Accident O6/06/2019 22:25 Vehicle No. (For Motor) Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured Commence Number TANKIM PHAIL S14427525 GPC drive SYDNESS CARDANGE CONTROL Date	

Policy No.		Policyholder Name	TAN KIM P	HAI	Policyholder NRIC	S1442262E	
Certificate No.							
Address	175 SUNBIRD ROAD SINGAPO	ORE 487216					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/07/2018	Effective Date	11/08/201	8 00:00	Expiry Date	10/08/2019 23:	59
Excess Type		All Claims Excess					
Third		Own					
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess Outside	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/II	nexperience Driver Excess
Agent	VIDEAN TRADING	Agent Tel.	64403011		GST Flag	Y	
Co- insurance Flag	No				OST Flag		
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	175 SUNBIRD ROAD	Addre	ss 2	SINGAPORE 487216	5	Address 3	
ddress 4		Addres	s Type	Singapore address	9	Post Code	487216
Init No.		Relate	d Policy	5106679391			2-200-000
D Insure	d Object: SKD175C						
	ements						
□ Endors	cincita						

Accident HT/1048027 Policy No.					
	\$092591695-01	Vehicle Ng.	202100		
Certificate No.		remote no.	SKD175C	GST Registration No.	
Policyholder Name	TAN KIM PHAI				
Product Code	PRIVATE CAR INSURANCE		100000000000000000000000000000000000000	Policyholder NR3C	51442262E
Contact No. (Motele)	92724040	Cover Type	Privo CLASSIC	Loading	0
Email Address		Contact No.(Office)	0	Contact No.(Home)	0
dк	8	Special Remark		eCode	No. V
ACD Protection	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
▼ Accident Details	Yes	NCD Entitlement(%)	50	Private Hire	No
THE RESERVE THE PARTY OF THE PA					
eport Date	07/06/2019 L5:58	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ate of Accident	06/06/2019	Time of Accident hit mm	22:25	Country of Accident	
eporting Centre		Orange Force		ICM No.	Singapore
coident Location	CTE (SLE) BEFORE JALAN BAHAGIA EXIT			The said of the sa	
Faces .					
wn damage Excess	600.00	Additional Excess.	0	122000000000000000000000000000000000000	
named Driver Excess	0.00	Outside Singapore OD fixcess	600.00	Windscreen Excess	100.00
hind Party Excess	0.00	Outside Singapore TP Excess			
2 Benefits		The state of the s	0.00		
GST Registered Inform	ation				
IT Registered	No				
T Registration No.	- TO		GST Registration Date		
dification History			GST Status Verified	Yes	
Policyholder Mailing Ad	Idress				
ldress 1	175 SUNRIRD ROAD	Address 5	***************************************	District Control	
sidness 4	- Carlos - C	Address 2	SINGAPORE 487216	Address 3	
nit Ng.		Address Type	Singapore address	Post Code	487216
OI Briver Info		Related Policy Number	5106679391		
Trist Name	LIM CHANG EE	400000000000000000000000000000000000000			
named driver Name	THE COMMENTE	Driver Type	Named Driver		
gister Date of Driver License	25/04/2011	Driver NRIC	S1452958H	Driver DOB	28/10/1960
ntact No.(Mobile)		Driver Age	58	Driving Experience	0
dress 1	97554040	Contact No.(Office)	0	Contact No.(Home)	0
	175 SUNBIRD ROAD	Address 2	SUNBIRD PARK	Address 3	SINGAPORE 487216
dress 4		Address Type	Singapore address	Post Code	487216
R No.					la title of
es he own a Singapore gistered car?	○ Yes Np	Driver Vehicle No.		Parameters and Communication	
				Driver Insurer Company	
athelyser or Blood Test	D mg	Any injury?	® Ver O to		
eathelyser or Blood Test	Dmg	Any injury?	® Yes ○ No		
claration eathelyser or Blood Test lading?	D mg	Any injury?	® Yes ○No		
athelyser or Blood Test ading?	D mg	Any injury ¹	® Yes ○ No		
athelyser or Blood Test iding? ofication History	D mg	Any injury ¹	® Yes ○ No		
athelyter or Blood Test ding? ification History	D mg	Any injury ¹	® Yes ○ No		
athelyser or Blood Test iding? Infection History					
nathalyser or Blood Test ading? Sification History Islam 001 Niste	OD-MX	Insured Name	TAN'KIM PHAI	Insured NRIC	51442262E
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athelyser or Blood Test incation History laim 001 Niste m Type * tact No.(Mobile) iii Address mant Type Claimant Type * mant Name *	GO-MX V	Indured Name Contact No.(Home) Of Vehicle Number	TAN KIM PHA1 65425563 SKD175C	Contact No.(Office)	
athelyser or Blood Test incation History laim 001 Nisire m Type * tact No.(Mobile) iii Address mant Type Claimant Type * mant Name *	92724040 Please Select	Indured Name Contact No.(Heme) OI Vehicle Number Type of Benefit *	TAN KIM PHA1 65425563 SKD175C	Contact No.(Office)	
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nathalyser or Blood Test iding? Offication History Italian OG1	92724040 Please Select	Indured Name Contact No.(Heme) OI Vehicle Number Type of Benefit * Claimant NRIC *	TAN KIM PHAI 66425563 SKD175G Please Select	Contact No.(Office)	
athalyser or Blood Test iding? Incation History Inim 001 New In Type + tact No.(Mobile) Ni Address mant Type Claimant Type + mant Name + mant Address m Description erred Workshop Contact	92724040 Please Select SKD175C / GBF5080E ON 6 Jun 2019	Indured Name Contact No.(Heme) OI Vehicle Number Type of Benefit * Claimant NRIC *	TAN KIM PHAI 65425563 SKD175G Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	GBP5080E
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athalyser or Blood Test iding? Incation History Ialim 001 Niske In Type * tact No.(Mobile) Ni Address mant Type Claimant Type * mant Address in Description erred Workshop Contact uire Finalisation Registered	92724040 Please Select SKD175C / GBF5080E CN 6 Jun 2019 Yes 07/05/2019 16:01	Indured Name Contact No.(Heme) OI Vehicle Number Type of Benefit * Claimant NRIC *	TAN KIM PHAI 65425563 SKD175G Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	GBP5080E
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